

forced him to limit his walks from the front door to his flagpole in the front yard to continue raising the Stars and Stripes at 8 a.m., and then lower the flag at 5 p.m., a daily vigil he maintained faithfully year after year until a few weeks ago when he no longer had the strength. At that point, he retired the flag. His family has recently installed a lighting system at his home, where his wife continues to live, so Colonel Stockwell's flag may continue to fly.

Mr. Speaker, Colonel Stockwell is being laid to rest today at Arlington National Cemetery with full military honors. I ask that these comments be submitted into the CONGRESSIONAL RECORD so that they, like the flag that continues to fly in front of Colonel Stockwell's yard, may remain a permanent tribute to this great man.

CONGRATULATIONS TO WILLIAM
L. MCCARRIER

HON. MELISSA A. HART

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Ms. HART. Mr. Speaker, I would like to take this opportunity to congratulate William L. McCarrier on his election to the Supreme Council of the Scottish Rite of Northern Masonic Jurisdiction of the United States of America.

William has been active in the Masonic community for almost 40 years, and has served as the commander in chief of the Scottish Rite Bodies of the Valley New Castle, and as the vice president of the New Castle Benefit Fund. William has also served as a county commissioner for Butler County, and is a trustee of the Butler County Community College.

I ask my colleagues in the United States House of Representatives to join me in honoring William McCarrier. It is an honor to represent the Fourth Congressional District of Pennsylvania and a pleasure to salute citizens such as William who make the communities that they live in truly special.

DRUG ENFORCEMENT AGENCY
MUST RESTORE BALANCE BE-
TWEEN PRESCRIPTION DRUG
ABUSE AND PROVIDING PATIENT
ACCESS TO NEEDED MEDICA-
TIONS

HON. CHARLIE NORWOOD

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Mr. NORWOOD. Mr. Speaker, I think there is little doubt that our law enforcement agencies should conduct themselves, in fulfilling their founding purpose, in a manner that is consistent with their mission of serving the American people. In this light, I am submitting for the record an article by Radley Balko, a policy analyst with the Cato Institute, entitled "Bush Should Feel Doctors' Pain". The article suggests that the need to protect patients, while attempting to prevent diversion and misuse of prescription drugs is arguably out of balance.

There is no doubt that prescription drug abuse, particularly the abuse of prescription

pain medications, is a serious public health problem. I have been one of the most vocal advocates on the necessity of this body to address the abuse of prescription medication by patients, crack down on the practice of "doctor shopping" and prosecute those medical professionals that harm responsible pain management by violating their responsibility to the highest standards of their profession.

Consequently, the Drug Enforcement Agency (DEA) should absolutely take appropriate steps to stop criminals from diverting these medications and exploiting those who would abuse them. But, it must also recognize that over 30 million Americans suffer chronic pain and need access to proper pain management by legitimate medical practitioners if they are to lead normal and productive lives.

However, in its seemingly single-minded pursuit of "bad doctors," the DEA appears to be showing its lack of proper understanding, inability, or unwillingness, to strike a proper balance between these two public policy goals. I am worried that this failure is scaring responsible doctors away from prescribing legitimate patients from obtaining needed medications, causing these patients and those who love and care for them untold harm and unnecessary distress.

Congressmen WHITFIELD, PALLONE, STRICKLAND, and I have introduced H.R. 1132, a bill that would assist and encourage the States to establish a controlled substance monitoring program. These Prescription Monitoring Programs would assist physicians, pharmacists, and other healthcare professionals by providing them with prescribing information that would help them to detect abuse and diversion tactics and prevent "doctor shopping". This legislation also would permit law enforcement to review this prescribing data, but only where they certify that the requested information is related to an individual investigation involving the unlawful diversion or misuse of schedule II, III, or IV substances, and that such information will further the purpose of their investigation.

It appeared that the DEA realized it should not, indeed could not, dictate proper medical practice in the prescribing of pain medications. Last August, after working with a panel of distinguished physicians specializing in pain management, the DEA published guidelines for physicians who treat pain with opioids. These guidelines were designed to assure legitimate medical practitioners that they would not face prosecution simply because they prescribed such medications or treated a large number of patients in pain. Given the disturbing trend of doctors shying away from prescribing necessary medication due in large part to the issues discussed, the DEA should not act in a way that would further limit patients' access to needed pain management medications.

Within weeks, the DEA abruptly withdrew these guidelines without explanation in a transparent attempt to avoid jeopardizing a pending high profile prosecution. Strong objections came from the medical community and from 30 state Attorneys General. I am also including a copy of their letter sent to the DEA in which they raise their objections.

However, the DEA has not relented in its pursuit of doctors it considers to be practicing bad medicine in a field of practice that is still evolving and requires a certain latitude for the exercise of sound medical judgment. In effect, the DEA is doing the very thing it should not

do, determine what is acceptable medical practice.

The chilling effect the DEA's actions are having on physicians engaged in the legitimate practice of medicine is undeniable. Effective pain management has become all too difficult to obtain because many doctors are afraid to prescribe adequate levels of opioids for fear of investigation and prosecution. This is simply unacceptable, as a member of the healthcare community for over thirty years and a patient who has known the need for proper pain management.

Yes, the DEA should continue to work with the appropriate state and local authorities to pursue those who abuse the trust that was placed in them when they obtained a medical license. Yes, we should be cracking down on those patients who seek to circumvent and abuse the system to abuse prescription medications. But the DEA must lead the charge to restore the balance between these different but certainly not mutually exclusive public health goals. By assuring legitimate medical practitioners that they will not be investigated or prosecuted simply because they prescribe a certain kind of medication or have a successful practice, will better serve the American people, particularly those many millions who are needlessly suffering in pain.

NATIONAL ASSOCIATION OF
ATTORNEYS GENERAL,

Washington, DC, January 19, 2005.

KAREN P. TANDY,

Administrator, Drug Enforcement Administra-
tion, Alexandria, VA.

DEAR MS. TANDY: We, the undersigned Attorneys General, write to express our concern about recent DEA actions with respect to prescription pain medication policy and to request a joint meeting with you. Having consulted with your Agency about our respective views, we were surprised to learn that DEA has apparently shifted its policy regarding the balancing of legitimate prescription of pain medication with enforcement to prevent diversion, without consulting those of us with similar responsibilities in the states. We are concerned that state and federal policies are diverging with respect to the relative emphasis on ensuring the availability of prescription pain medications to those who need them.

Subsequent to DEA endorsement of the 2001 Joint Consensus Statement supporting balance between the treatment of pain and enforcement against diversion and abuse of prescription pain medications, the National Association of Attorneys General (NAAG) in 2003 adopted a Resolution Calling for a Balanced Approach to Promoting Pain Relief and Preventing Abuse of Pain Medications (copy attached). Both these documents reflected a consensus among law enforcement agencies, health care practitioners, and patient advocates that the prevention of drug abuse is an important societal goal that can and should be pursued without hindering proper patient care.

The Frequently Asked Questions and Answers for Health Care Professionals and Law Enforcement Personnel issued in 2004 appeared to be consistent with these principles, so we were surprised when they were withdrawn. The Interim Policy Statement, "Dispensing of Controlled Substances for the Treatment of Pain" which was published in the Federal Register on November 16, 2004 emphasizes enforcement, and seems likely to have a chilling effect on physicians engaged in the legitimate practice of medicine. As Attorneys General have worked to remove barriers to quality care for citizens of our states at the end of life, we have learned that